

**United States Bankruptcy Court
Western District of Virginia**

In re **Sheila Boling**

Debtor(s)

Case No.

Chapter

13

CERTIFICATE OF SERVICE

I hereby certify that on **June 6, 2019**, a copy of **the Chapter 13 Plan**, in conformity with the requirements of Federal Rule of Bankruptcy Procedure 7004, under Local Rule 3015-1(B), where applicable, was served electronically or by regular United States mail to all interested parties, the Trustee and all creditors listed below.

**Albert Lamar Stevens
5497 Cove School Lane
Covesville, VA 22931**

**Albert Stevens
5497 Cove School Lane
Covesville, VA 22931**

**American Credit Acceptance
Attn: Bankruptcy Dept
961 E Main St
Spartanburg, SC 29302**

**Comenity Bank/Ann Taylor
Attn: Bankruptcy Dept
Po Box 182125
Columbus, OH 43218**

**Comenitybank/New York
Attn: Bankruptcy
Po Box 18215
Columbus, OH 43218**

**Credit Control Corp
Po Box 120568
Newport News, VA 23612**

**Credit Control Corp
Po Box 120568
Newport News, VA 23612**

**Credit Control Corp
Po Box 120568
Newport News, VA 23612**

**Department Store National Bank/Macy's
Attn: Bankruptcy
9111 Duke Boulevard
Mason, OH 45040**

**Ditech Financial, LLC
PO Box 6172
Rapid City, SD 57709**

**ECMC
PO Box 75848
Saint Paul, MN 55175**

**ExtraSpace Storage
2307 Hydraulic Rd
Charlottesville, VA 22901**

**ExtraSpace Storage
2307 Hydraulic Rd
Charlottesville, VA 22901**

**I C System Inc
Attn: Bankruptcy
P.O. Box 64378**

St. Paul, MN 55164

**Internal Revenue Service
PO Box 7346
Philadelphia, PA 19101-7346**

**Internal Revenue Service
Insolvency Unit
400 N 8th St Ste 76
Richmond, VA 23219-4836**

**Mariner Finance
Attn: Bankruptcy Department
8211 Town Center Dr.
Baltimore, MD 21236**

**OneMain Financial
Attn: Bankruptcy
601 Nw 2nd Street
Evansville, IN 47708**

**Portfolio Recovery
Po Box 41021
Norfolk, VA 23541**

**Portfolio Recovery
Po Box 41021
Norfolk, VA 23541**

**Portfolio Recovery
Po Box 41021
Norfolk, VA 23541**

**Progressive Leasing
P.O. Box 413110
Salt Lake City, UT 84141**

**Progressive Leasing
P.O. Box 413110
Salt Lake City, UT 84141**

**Virginia Department of Taxation
Bankruptcy Unit
PO Box 2156
Richmond, VA 23218-2156**

**Wells Fargo Bank NA
Attn: Bankruptcy
1 Home Campus Mac X2303-01a
Des Moines, IA 50328**

/s/ Larry L. Miller

**Larry L. Miller
Miller Law Group, P.C.
485 Hillsdale Drive
Suite 341
Charlottesville, VA 22901
434-974-9776 Fax: 434-973-6773**

Fill in this information to identify your case:

Debtor 1 **Sheila Boling**
 First Name Middle Name Last Name

Debtor 2
 (Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: **WESTERN DISTRICT OF VIRGINIA**

Case number:
 (If known)

☐ Check if this is an amended plan, and list below the sections of the plan that have been changed.

Official Form 113
Chapter 13 Plan

12/17

Part 1: Notices

To Debtor(s): This form sets out options that may be appropriate in some cases, but the presence of an option on the form does not indicate that the option is appropriate in your circumstances or that it is permissible in your judicial district. Plans that do not comply with local rules and judicial rulings may not be confirmable.

In the following notice to creditors, you must check each box that applies

To Creditors: Your rights may be affected by this plan. Your claim may be reduced, modified, or eliminated. You should read this plan carefully and discuss it with your attorney if you have one in this bankruptcy case. If you do not have an attorney, you may wish to consult one.

If you oppose the plan's treatment of your claim or any provision of this plan, you or your attorney must file an objection to confirmation at least 7 days before the date set for the hearing on confirmation, unless otherwise ordered by the Bankruptcy Court. The Bankruptcy Court may confirm this plan without further notice if no objection to confirmation is filed. See Bankruptcy Rule 3015. In addition, you may need to file a timely proof of claim in order to be paid under any plan.

The following matters may be of particular importance. **Debtors must check one box on each line to state whether or not the plan includes each of the following items. If an item is checked as "Not Included" or if both boxes are checked, the provision will be ineffective if set out later in the plan.**

1.1	A limit on the amount of a secured claim, set out in Section 3.2, which may result in a partial payment or no payment at all to the secured creditor	<input type="checkbox"/> Included	<input checked="" type="checkbox"/> Not Included
1.2	Avoidance of a judicial lien or nonpossessory, nonpurchase-money security interest, set out in Section 3.4.	<input type="checkbox"/> Included	<input checked="" type="checkbox"/> Not Included
1.3	Nonstandard provisions, set out in Part 8.	<input checked="" type="checkbox"/> Included	<input type="checkbox"/> Not Included

Part 2: Plan Payments and Length of Plan

2.1 Debtor(s) will make regular payments to the trustee as follows:

\$635.00 per **Month** for **60** months

Insert additional lines if needed.

If fewer than 60 months of payments are specified, additional monthly payments will be made to the extent necessary to make the payments to creditors specified in this plan.

2.2 Regular payments to the trustee will be made from future income in the following manner.

Check all that apply:

- ☐ Debtor(s) will make payments pursuant to a payroll deduction order.
☐ Debtor(s) will make payments directly to the trustee.
☒ Other (specify method of payment): **VIA TFS**

2.3 Income tax refunds.

Check one.

- ☒ Debtor(s) will retain any income tax refunds received during the plan term.

Debtor **Sheila Boling** Case number _____

- ☐ Debtor(s) will supply the trustee with a copy of each income tax return filed during the plan term within 14 days of filing the return and will turn over to the trustee all income tax refunds received during the plan term.
- ☐ Debtor(s) will treat income refunds as follows:

2.4 Additional payments.*Check one.*

- ☒ **None.** If "None" is checked, the rest of § 2.4 need not be completed or reproduced.

2.5 The total amount of estimated payments to the trustee provided for in §§ 2.1 and 2.4 is \$38,100.00.**Part 3: Treatment of Secured Claims****3.1 Maintenance of payments and cure of default, if any.***Check one.*

- ☐ **None.** If "None" is checked, the rest of § 3.1 need not be completed or reproduced.
- ☒ The debtor(s) will maintain the current contractual installment payments on the secured claims listed below, with any changes required by the applicable contract and noticed in conformity with any applicable rules. These payments will be disbursed either by the trustee or directly by the debtor(s), as specified below. Any existing arrearage on a listed claim will be paid in full through disbursements by the trustee, with interest, if any, at the rate stated. Unless otherwise ordered by the court, the amounts listed on a proof of claim filed before the filing deadline under Bankruptcy Rule 3002(c) control over any contrary amounts listed below as to the current installment payment and arrearage. In the absence of a contrary timely filed proof of claim, the amounts stated below are controlling. If relief from the automatic stay is ordered as to any item of collateral listed in this paragraph, then, unless otherwise ordered by the court, all payments under this paragraph as to that collateral will cease, and all secured claims based on that collateral will no longer be treated by the plan. The final column includes only payments disbursed by the trustee rather than by the debtor(s).

Name of Creditor	Collateral	Current installment payment (including escrow)	Amount of arrearage (if any)	Interest rate on arrearage (if applicable)	Monthly payment on arrearage	Estimated total payments by trustee
Ditech Financial, LLC	5487 Cove School Lane Covesville, VA 22931 Albemarle County CTA Value : \$250,900.00 Tax Map # 60A 60	\$1,021.00	Prepetition: \$3,500.00	0.00%	Pro Rata	\$3,500.00
		Disbursed by:				
		<input type="checkbox"/> Trustee				
		<input checked="" type="checkbox"/> Debtor(s)				

*Insert additional claims as needed.***3.2 Request for valuation of security, payment of fully secured claims, and modification of undersecured claims. Check one.**

- ☒ **None.** If "None" is checked, the rest of § 3.2 need not be completed or reproduced.

3.3 Secured claims excluded from 11 U.S.C. § 506.*Check one.*

- ☒ **None.** If "None" is checked, the rest of § 3.3 need not be completed or reproduced.

3.4 Lien avoidance.*Check one.*

- ☒ **None.** If "None" is checked, the rest of § 3.4 need not be completed or reproduced.

3.5 Surrender of collateral.

Debtor Sheila Boling Case number _____

Check one.

☐**None.** If "None" is checked, the rest of § 3.5 need not be completed or reproduced.☒

The debtor(s) elect to surrender to each creditor listed below the collateral that secures the creditor's claim. The debtor(s) request that upon confirmation of this plan the stay under 11 U.S.C. § 362(a) be terminated as to the collateral only and that the stay under § 1301 be terminated in all respects. Any allowed unsecured claim resulting from the disposition of the collateral will be treated in Part 5 below.

Name of Creditor	Collateral
American Credit Acceptance	2013 Honda Accord 65000 miles Client Estimated Value \$22,000.00

Insert additional claims as needed.

Part 4: Treatment of Fees and Priority Claims**4.1 General**

Trustee's fees and all allowed priority claims, including domestic support obligations other than those treated in § 4.5, will be paid in full without postpetition interest.

4.2 Trustee's feesTrustee's fees are governed by statute and may change during the course of the case but are estimated to be **10.00%** of plan payments; and during the plan term, they are estimated to total **\$3,810.00**.**4.3 Attorney's fees.**The balance of the fees owed to the attorney for the debtor(s) is estimated to be **\$3,950.00**.**4.4 Priority claims other than attorney's fees and those treated in § 4.5.**

Check one.

☐**None.** If "None" is checked, the rest of § 4.4 need not be completed or reproduced.☒The debtor(s) estimate the total amount of other priority claims to be **\$13,276.00**.**4.5 Domestic support obligations assigned or owed to a governmental unit and paid less than full amount.**

Check one.

☒**None.** If "None" is checked, the rest of § 4.5 need not be completed or reproduced.**Part 5: Treatment of Nonpriority Unsecured Claims****5.1 Nonpriority unsecured claims not separately classified.**

Allowed nonpriority unsecured claims that are not separately classified will be paid, pro rata. If more than one option is checked, the option providing the largest payment will be effective. Check all that apply.

☐

The sum of \$ _____.

☒**100.00** % of the total amount of these claims, an estimated payment of \$ **13,400.00**.☐

The funds remaining after disbursements have been made to all other creditors provided for in this plan.

If the estate of the debtor(s) were liquidated under chapter 7, nonpriority unsecured claims would be paid approximately \$ **132,661.83**. Regardless of the options checked above, payments on allowed nonpriority unsecured claims will be made in at least this amount.**5.2 Maintenance of payments and cure of any default on nonpriority unsecured claims. Check one.**☐**None.** If "None" is checked, the rest of § 5.2 need not be completed or reproduced.☒

The debtor(s) will maintain the contractual installment payments and cure any default in payments on the unsecured claims listed below on which the last payment is due after the final plan payment. These payments will be disbursed either by the trustee or directly by the debtor(s), as specified below. The claim for the arrearage amount will be paid in full as specified below and

Debtor Sheila Boling Case number _____

disbursed by the trustee. The final column includes only payments disbursed by the trustee rather than by the debtor(s).

Name of Creditor	Current installment payment	Amount of arrearage to be paid	Estimated total payments by trustee
ECMC	\$0.00	\$0.00	\$0.00

Disbursed by:

- ☐ Trustee
☒ Debtor(s)

Insert additional claims as needed.

5.3 Other separately classified nonpriority unsecured claims. Check one.

☒ **None.** If "None" is checked, the rest of § 5.3 need not be completed or reproduced.

Part 6: Executory Contracts and Unexpired Leases**6.1 The executory contracts and unexpired leases listed below are assumed and will be treated as specified. All other executory contracts and unexpired leases are rejected. Check one.**

- ☐ **None.** If "None" is checked, the rest of § 6.1 need not be completed or reproduced.
☒ **Assumed items.** Current installment payments will be disbursed either by the trustee or directly by the debtor(s), as specified below, subject to any contrary court order or rule. Arrearage payments will be disbursed by the trustee. The final column includes only payments disbursed by the trustee rather than by the debtor(s).

Name of Creditor	Description of leased property or executory contract	Current installment payment	Amount of arrearage to be paid	Treatment of arrearage (Refer to other plan section if applicable)	Estimated total payments to trustee
ExtraSpace Storage		\$100.00	\$0.00		\$0.00

Disbursed by:

- ☐ Trustee
☒ Debtor(s)

Progressive Leasing		\$110.00	\$0.00		\$0.00
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Disbursed by:

- ☐ Trustee
☒ Debtor(s)

Insert additional contracts or leases as needed.

Part 7: Vesting of Property of the Estate**7.1 Property of the estate will vest in the debtor(s) upon**

Check the applicable box:

- ☒ plan confirmation.
☐ entry of discharge.
☐ other: _____

Part 8: Nonstandard Plan Provisions**8.1 Check "None" or List Nonstandard Plan Provisions**

☐ **None.** If "None" is checked, the rest of Part 8 need not be completed or reproduced.

Under Bankruptcy Rule 3015(c), nonstandard provisions must be set forth below. A nonstandard provision is a provision not otherwise included in the Official Form or deviating from it. Nonstandard provisions set out elsewhere in this plan are ineffective.

The following plan provisions will be effective only if there is a check in the box "Included" in § 1.3.

The Debtor is not seeking nor does this Plan provide for any discharge, in whole or in part of her student loan obligations.
The Debtor shall be allowed to seek enrollment, or to maintain any pre-petition enrollment, in any applicable income-driven

Debtor

Sheila Boling

Case number _____

repayment ("IDR") plan with the U.S. Department of Education and/or other student loan servicers, guarantors, etc. (Collectively referred to hereafter as "Ed"), including but not limited to the Public Service Loan Forgiveness program, without disqualification due to her bankruptcy. Any direct payments made from the Debtor to Ed since the filing of her petition shall be applied to any IDR plan in which the Debtor was enrolled pre-petition, including but not limited to the Public Service Loan Forgiveness program. Ed shall not be required to allow enrollment in any IDR unless the Debtor otherwise qualifies for such plan. During the pendency of any application by the Debtor to consolidate her student loans, to enroll in an IDR, direct payment of her student loans under an IDR, or during the pendency of any default in payment of the student loans under an IDR, it shall not be a violation of the stay or other State or Federal Laws for Ed to send the Debtor normal monthly statements regarding payments due and other communications including, without limitation, notices of late payments or delinquency. These communications may expressly include telephone calls and e-mails.

The debtors propose to make adequate protection payments other than as provided in Local Rule 4001-2.

Unless otherwise provided herein, the monthly payment amounts listed in Parts 3.2 and 3.3 of this Chapter 13 Plan will be paid as adequate protection beginning prior to confirmation to the holders of allowed secured claims.

1. Any unsecured proof of claim for a deficiency which results from the surrender and liquidation of the collateral noted in paragraph 3.5 of this plan must be filed by the earlier of the following dates or such claim will be forever barred: (1) within 180 days of the date of the first confirmation order confirming a plan which provides for the surrender of said collateral, or (2) within the time period set for the filing of an unsecured deficiency claim as established by any order granting relief from the automatic stay with respect to said collateral.

Said unsecured proof of claim for a deficiency must include appropriate documentation establishing that the collateral surrendered has been liquidated, and the proceeds applied, in accordance with applicable state law.

2. Any fees, expenses, or charges accruing on claims set forth in paragraph 3.1 of this Plan which are noticed to the debtor pursuant to Bankruptcy Rule 3002.1(c) shall not require modification of the debtor's plan to pay them. Instead, any such fees, expenses, or charges shall, if allowed, be payable by the debtor outside the Plan unless the debtor chooses to modify the plan to provide for them.

--All creditors must timely file a proof of claim to receive any payment from the Trustee.

--If a claim is scheduled as unsecured and the creditor files a claim alleging the claim is secured but does not timely object to confirmation of the Plan, the creditor may be treated as unsecured for purposes of distribution under the Plan. This paragraph does not limit the right of the creditor to enforce its lien, to the extent not avoided or provided for in this case, after the debtor(s) receive a discharge.

--If a claim is listed in the Plan as secured and the creditor files a proof of claim alleging the claim is unsecured, the creditor will be treated as unsecured for purposes of distribution under the Plan.

--The Trustee may adjust the monthly disbursement amount as needed to pay an allowed secured claim in full.

Part 9: Signature(s):

9.1 Signatures of Debtor(s) and Debtor(s)' Attorney

If the Debtor(s) do not have an attorney, the Debtor(s) must sign below, otherwise the Debtor(s) signatures are optional. The attorney for Debtor(s), if any, must sign below.

X /s/ Sheila Boling

Sheila Boling

Signature of Debtor 1

Executed on June 6, 2019

X

Signature of Debtor 2

Executed on _____

X /s/ Larry L. Miller

Larry L. Miller

Signature of Attorney for Debtor(s)

Date June 6, 2019

By filing this document, the Debtor(s), if not represented by an attorney, or the Attorney for Debtor(s) also certify(ies) that the wording and order of the provisions in this Chapter 13 plan are identical to those contained in Official Form 113, other than any nonstandard provisions included in Part 8.

Debtor Sheila Boling Case number _____**Exhibit: Total Amount of Estimated Trustee Payments**

The following are the estimated payments that the plan requires the trustee to disburse. If there is any difference between the amounts set out below and the actual plan terms, the plan terms control.

a. Maintenance and cure payments on secured claims <i>(Part 3, Section 3.1 total)</i>	<u>\$3,500.00</u>
b. Modified secured claims <i>(Part 3, Section 3.2 total)</i>	<u>\$0.00</u>
c. Secured claims excluded from 11 U.S.C. § 506 <i>(Part 3, Section 3.3 total)</i>	<u>\$0.00</u>
d. Judicial liens or security interests partially avoided <i>(Part 3, Section 3.4 total)</i>	<u>\$0.00</u>
e. Fees and priority claims <i>(Part 4 total)</i>	<u>\$21,036.00</u>
f. Nonpriority unsecured claims <i>(Part 5, Section 5.1, highest stated amount)</i>	<u>\$13,399.00</u>
g. Maintenance and cure payments on unsecured claims <i>(Part 5, Section 5.2 total)</i>	<u>\$0.00</u>
h. Separately classified unsecured claims <i>(Part 5, Section 5.3 total)</i>	<u>\$0.00</u>
i. Trustee payments on executory contracts and unexpired leases <i>(Part 6, Section 6.1 total)</i>	<u>\$0.00</u>
j. Nonstandard payments <i>(Part 8, total)</i>	<u>\$0.00</u>
	+
Total of lines a through j	\$37,935.00

Fill in this information to identify your case:

Debtor 1 Sheila Boling

Debtor 2 _____
(Spouse, if filing)

United States Bankruptcy Court for the: WESTERN DISTRICT OF VIRGINIA

Case number _____
(If known)

Check if this is:

- ☐ An amended filing
- ☐ A supplement showing postpetition chapter 13 income as of the following date:

MM / DD / YYYY

Official Form 106I

Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Employment**1. Fill in your employment information.**

If you have more than one job, attach a separate page with information about additional employers.

Include part-time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

Employment status***Debtor 1**

- ☒ Employed
- ☐ Not employed

OccupationSurgery Coordinator**Employer's name**UVA Department of ENT/OTO**Employer's address**

ATTN: Payroll Dept
P.O. Box 400194
Charlottesville, VA 22904

Debtor 2 or non-filing spouse

- ☐ Employed
- ☐ Not employed

How long employed there?20 years

*See Attachment for Additional Employment Information

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

		For Debtor 1	For Debtor 2 or non-filing spouse
2.	List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.	\$ <u>3,999.00</u>	\$ <u>N/A</u>
3.	Estimate and list monthly overtime pay.	+\$ <u>0.00</u>	+\$ <u>N/A</u>
4.	Calculate gross income. Add line 2 + line 3.	\$ <u>3,999.00</u>	\$ <u>N/A</u>

Debtor 1 **Sheila Boling**

Case number (if known)

	For Debtor 1	For Debtor 2 or non-filing spouse
Copy line 4 here	4. \$ 3,999.00	\$ N/A
5. List all payroll deductions:		
5a. Tax, Medicare, and Social Security deductions	5a. \$ 699.00	\$ N/A
5b. Mandatory contributions for retirement plans	5b. \$ 0.00	\$ N/A
5c. Voluntary contributions for retirement plans	5c. \$ 0.00	\$ N/A
5d. Required repayments of retirement fund loans	5d. \$ 0.00	\$ N/A
5e. Insurance	5e. \$ 247.00	\$ N/A
5f. Domestic support obligations	5f. \$ 0.00	\$ N/A
5g. Union dues	5g. \$ 0.00	\$ N/A
5h. Other deductions. Specify: PARKING	5h.+ \$ 23.00	\$ N/A
6. Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6. \$ 969.00	\$ N/A
7. Calculate total monthly take-home pay. Subtract line 6 from line 4.	7. \$ 3,030.00	\$ N/A
8. List all other income regularly received:		
8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a. \$ 0.00	\$ N/A
8b. Interest and dividends	8b. \$ 0.00	\$ N/A
8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c. \$ 0.00	\$ N/A
8d. Unemployment compensation	8d. \$ 0.00	\$ N/A
8e. Social Security	8e. \$ 0.00	\$ N/A
8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	8f. \$ 0.00	\$ N/A
8g. Pension or retirement income	8g. \$ 0.00	\$ N/A
8h. Other monthly income. Specify: Part Time Job	8h.+ \$ 65.00	\$ N/A
9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9. \$ 65.00	\$ N/A
10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. \$ 3,095.00 + \$ N/A	= \$ 3,095.00
11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify:		
	11. +\$ 0.00	
12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the <i>Summary of Schedules</i> and <i>Statistical Summary of Certain Liabilities and Related Data</i> , if it applies	12. \$ 3,095.00	Combined monthly income
13. Do you expect an increase or decrease within the year after you file this form?		
<input checked="" type="checkbox"/> No.		
<input type="checkbox"/> Yes. Explain: NOTE : Debtor has part time seasonal job that she works 5 months out of the year, making \$150 per month. The above amount for partime job is amortized over 12 months.		

Debtor 1 **Sheila Boling**

Case number (if known)

Official Form B 6I
Attachment for Additional Employment Information

Debtor		
Occupation	Mow Grass	
Name of Employer	Cove Presbyterian Church	
How long employed	2 years	
Address of Employer	5531 Covesville Lane Covesville, VA 22931	

Fill in this information to identify your case:

Debtor 1 Sheila Boling

Debtor 2 _____
(Spouse, if filing)

United States Bankruptcy Court for the: WESTERN DISTRICT OF VIRGINIA

Case number _____
(If known)

Check if this is:

- ☐ An amended filing
- ☐ A supplement showing postpetition chapter 13 expenses as of the following date:

MM / DD / YYYY

Official Form 106J

Schedule J: Your Expenses

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Your Household

1. Is this a joint case?

☒ No. Go to line 2.☐ Yes. Does Debtor 2 live in a separate household?☐ No☐ Yes. Debtor 2 must file Official Form 106J-2, *Expenses for Separate Household* of Debtor 2.2. Do you have dependents? ☒ No

Do not list Debtor 1 and Debtor 2.

☐ Yes. Fill out this information for each dependent.....

Dependent's relationship to Debtor 1 or Debtor 2

Dependent's age

Does dependent live with you?

Do not state the dependents names.

☐ No☐ Yes☐ No☐ Yes☐ No☐ Yes☐ No☐ Yes3. Do your expenses include expenses of people other than yourself and your dependents? ☒ No ☐ Yes

Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental *Schedule J*, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on *Schedule I: Your Income* (Official Form 106I.)

Your expenses

4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.

4. \$ 1,021.00

If not included in line 4:

4a. Real estate taxes

4a. \$ 0.00

4b. Property, homeowner's, or renter's insurance

4b. \$ 0.00

4c. Home maintenance, repair, and upkeep expenses

4c. \$ 0.00

4d. Homeowner's association or condominium dues

4d. \$ 0.00

5. Additional mortgage payments for your residence, such as home equity loans

5. \$ 0.00

Debtor 1 **Sheila Boling**

Case number (if known)

6. Utilities:

6a. Electricity, heat, natural gas	6a. \$	170.00
6b. Water, sewer, garbage collection	6b. \$	0.00
6c. Telephone, cell phone, Internet, satellite, and cable services	6c. \$	0.00
6d. Other. Specify: Cell Phone	6d. \$	278.00
Cable/ Satellite	\$	170.45

7. Food and housekeeping supplies7. \$ **300.00****8. Childcare and children's education costs**8. \$ **0.00****9. Clothing, laundry, and dry cleaning**9. \$ **50.00****10. Personal care products and services**10. \$ **75.00****11. Medical and dental expenses**11. \$ **25.00****12. Transportation.** Include gas, maintenance, bus or train fare.
Do not include car payments.12. \$ **225.00****13. Entertainment, clubs, recreation, newspapers, magazines, and books**13. \$ **0.00****14. Charitable contributions and religious donations**14. \$ **0.00****15. Insurance.**

Do not include insurance deducted from your pay or included in lines 4 or 20.

15a. Life insurance	15a. \$	0.00
15b. Health insurance	15b. \$	0.00
15c. Vehicle insurance	15c. \$	0.00
15d. Other insurance. Specify:	15d. \$	0.00

16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20.
Specify: **Personal Property Taxes**16. \$ **25.00****17. Installment or lease payments:**

17a. Car payments for Vehicle 1	17a. \$	0.00
17b. Car payments for Vehicle 2	17b. \$	0.00
17c. Other. Specify:	17c. \$	0.00
17d. Other. Specify:	17d. \$	0.00

18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).18. \$ **0.00****19. Other payments you make to support others who do not live with you.**
Specify:19. \$ **0.00****20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.**

20a. Mortgages on other property	20a. \$	0.00
20b. Real estate taxes	20b. \$	0.00
20c. Property, homeowner's, or renter's insurance	20c. \$	0.00
20d. Maintenance, repair, and upkeep expenses	20d. \$	0.00
20e. Homeowner's association or condominium dues	20e. \$	0.00

21. Other: Specify: **Shortage Unit**21. +\$ **100.00****Progressive Lease**+\$ **20.00****22. Calculate your monthly expenses**

22a. Add lines 4 through 21.

22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2

22c. Add line 22a and 22b. The result is your monthly expenses.

\$	2,459.45
\$	
\$	2,459.45

23. Calculate your monthly net income.

23a. Copy line 12 (your combined monthly income) from Schedule I.	23a. \$	3,095.00
23b. Copy your monthly expenses from line 22c above.	23b. -\$	2,459.45

23c. Subtract your monthly expenses from your monthly income.
The result is your *monthly net income*.

23c. \$	635.55
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24. Do you expect an increase or decrease in your expenses within the year after you file this form?

For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

☒ No.☐ Yes.

Explain here: **NOTE: Above amount for lease has been amortized over 60 months. Actual payment is \$110.00 per month and she only has a balance of \$1,220.00 owed on the lease to own agreement.**

Boling, Sheila -

ALBEMARLE COUNTY TREASURER
401 MCINTIRE RD
CHARLOTTESVILLE, VA 22902

ALBERT LAMAR STEVENS
5497 COVE SCHOOL LANE
COVESVILLE, VA 22931

ALBERT STEVENS
5497 COVE SCHOOL LANE
COVESVILLE, VA 22931

AMERICAN CREDIT ACCEPTANCE
ATTN: BANKRUPTCY DEPT
961 E MAIN ST
SPARTANBURG, SC 29302

COMENITY BANK/ANN TAYLOR
ATTN: BANKRUPTCY DEPT
PO BOX 182125
COLUMBUS, OH 43218

COMENITYBANK/NEW YORK
ATTN: BANKRUPTCY
PO BOX 18215
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CREDIT CONTROL CORP
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DEPARTMENT STORE NATIONAL BANK/MACY'S
ATTN: BANKRUPTCY
9111 DUKE BOULEVARD
MASON, OH 45040

Boling, Sheila -

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PO BOX 6172
RAPID CITY, SD 57709

ECMC
PO BOX 75848
SAINT PAUL, MN 55175

EXTRASPACE STORAGE
2307 HYDRAULIC RD
CHARLOTTESVILLE, VA 22901

EXTRASPACE STORAGE
2307 HYDRAULIC RD
CHARLOTTESVILLE, VA 22901

I C SYSTEM INC
ATTN: BANKRUPTCY
P.O. BOX 64378
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INTERNAL REVENUE SERVICE
PO BOX 7346
PHILADELPHIA, PA 19101-7346

INTERNAL REVENUE SERVICE
INSOLVENCY UNIT
400 N 8TH ST STE 76
RICHMOND, VA 23219-4836

MARINER FINANCE
ATTN: BANKRUPTCY DEPARTMENT
8211 TOWN CENTER DR.
BALTIMORE, MD 21236

ONEMAIN
1962 RIO HILL CENTER
CHARLOTTESVILLE, VA 22901

ONEMAIN FINANCIAL
ATTN: BANKRUPTCY
601 NW 2ND STREET
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Boling, Sheila -

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NORFOLK, VA 23541

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NORFOLK, VA 23541

PORTFOLIO RECOVERY
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VIRGINIA DEPARTMENT OF TAXATION
BANKRUPTCY UNIT
PO BOX 2156
RICHMOND, VA 23218-2156

WELLS FARGO BANK NA
ATTN: BANKRUPTCY
1 HOME CAMPUS MAC X2303-01A
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